



Peculiarities of social work in health care assistance

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Abstract

In the context of the provision of health care, medical social work has the goals of enhancing an individual's appropriateness and ability to cope with his circumstances, with the ultimate objective of helping individuals to gain the greatest possible amount of happiness from their life. Therefore, the purpose of the study was to investigate the applicability of medical social work in the current system of providing health care, with the intention of determining some of the roles of medical social workers that have been regarded as being particularly helpful in resolving the psychological issues experienced by patients. Using the quantitative research approach, data were collected from two hospitals, namely the University of Nigeria Teaching Hospital (UNTH) in Enugu and the Bishop Shanahan Hospital (BSH). "The outcomes of the research indicate that medical social work is relevant in the process of treating patients and extremely successful in resolving the psychological issues that patients face. According to the findings of the research, one area that requires the immediate attention of those responsible for formulating public policy in this nation is the incorporation of social work services into the medical treatment that patients get.

key words: medical social work, health care, patients, and psychosocial problems

Introduction

Our current method of providing medical care suffers from a variety of flaws. The Nigerian economy is vulnerable to instability due to the high expense of medical care in the country. There are not many households in Nigeria that can afford the ever-increasing expense of medical treatment. There is a correlation between having a healthy body and having a high salary. Even while those with higher financial means have access to a greater variety and quantity of medical services, others with less financial security face severe gaps in health care. However, impoverished individuals have less access to medical care, despite the fact that their disease rates are greater. They are not given the chance to develop an ongoing doctor-patient connection with a medical professional. Because they lack the money necessary to pay for medical treatment, they often put off going to the doctor until their ailment has progressed to a more critical stage. They go to the hospital when there is already an emergency, which results in a lengthier stay there.



Because they are unable to pay for high-quality, private medical treatment, those with lower incomes have greater rates of sickness overall, as well as higher rates of disease that goes untreated. according to what has been observed, the delivery of health care services is targeted to the upper and middle class society since these services take on all the attributes of a commodity for sale and the wealthy are the preferred and sometimes the only market. Many individuals experience pressures and strains as a direct consequence of the competitive character of modern Nigerian society, which ultimately leads to deterioration in their physical health. In an attempt to find solutions to these issues, the sufferers are sometimes sent to native physicians, spiritual healers, and hospitals. The sufferers are unable to afford adequate housing, which increases their risk of being exposed to rats that spread diseases as well as rubbish. They have a lower likelihood of being aware of and making use of preventative health practises. They are also less likely to seek treatment at an early stage, which is essential in order to forestall the development of a severe condition. The act of entering or leaving the hospital could cause significant anxiety for some individuals. When a patient goes into the hospital for treatment, he or she could have significant worry about the possibility that they would never be completely well again. Patients often visit a hospital with apprehension, suspicion, and a variety of other negative emotions. They could feel resentment against being forced to go through with the medical therapy.

They could be concerned that the therapy would create permanent deformities. They could even be afraid of dying. A guy who is receiving treatment in a hospital may be able to acknowledge the fact that he needs therapy, but he could be quite concerned about how his family will manage financially while he is there. It is possible that these disturbances, despite the fact that they may seem to be relatively remote from the fundamental medical condition of the patient, are in fact at the base of the healing process.

As a professional subfield of the social sciences, social work is concerned with the methodical treatment and resolution of psychosocial issues affecting individuals, groups, and communities as a whole. In order to address issues that are prevalent in society, social work has its origins in society. As a result, it is likely to succeed in accomplishing two primary goals: the creation of an environment that contributes to the development of a method of living that is more gratifying, and the development of welfare systems that assist both individuals and communities in leading lives that are both more creatively and adequately satisfying.

Origin of Medical Social Work



In the second decade of the 20th century, the United States of America gave the world the professional approach of social case work. The American Charity Organization Society was established in 1877, making it one of the oldest organised attempts in the United States to assist the less fortunate. On the topic of charity, the cumulative experience of social scientists in knowing disadvantaged families and the challenges they face broadens their knowledge of human behaviour. There was a rising awareness that individuals are subject to both internal and external influences inside themselves, both of which impact the individual's conduct as well as the character of his life within society. Over the course of time, the terms *paupers* and *poor* were gradually phased out and replaced with *case workers* and *the client* respectively. The word *agency* began to be used for both the offices of organisations that provide assistance and the vocabulary used to refer to the organisations themselves.

Mary Richmond is well recognised for the substantial contributions she made to the field of social casework. In the book that Mary Richmond wrote and published in 1877, which is often regarded as the first book in the field of social case work, she coined the term *social diagnostic*. It outlined the process of providing assistance to customers by means of a methodical approach to evaluating the issues they face and finding solutions to those issues. In the 1890s, in London, on the initiative of Sir Charles S. Loch, medical social workers (MSWs) were created, and they began working in hospitals as volunteer greeters. In the past, they would conduct social investigations in order to determine whether or not to admit the patient to the hospital for free treatment or whether or not to petition community groups for financial help for the patient. In Ireland and the United Kingdom, medical social workers were once known as *almoners*, *lady almoners*, or *hospital almoners*. At the beginning of the 20th century in the United States, the Massachusetts General Hospital made the decision to hire qualified social workers. Richard Clarke Cabot established this post in order to provide patients with assistance in coping with aspects of life that had contributed to difficulties in their recovery. At Massachusetts General Hospital in 1905, Cabot assigned a woman who was a nurse to the position of hospital social worker. In 1918, Dr. Ella Webb initiated medical social work in Ireland by establishing a medical dispensary for ailing children in Ireland. This was the beginning of medical social work in Ireland. The Institute of Almoners in Britain was established in 1945, and it later became known as the Institute of Medical Social Work the following year.

Around the year 1920, the Freudian Psychoanalytic Theory was introduced, which ultimately led to the partition of social work in the medical field into two subfields: medical social work and psychiatric social work. Medical social work in the field of healthcare has been practised



in hospitals since 1905. Since then, it has spread to a variety of other settings within the health care industry, including community-based clinics, nursing homes, psychiatric and other hospitals, public health agencies, rehabilitation services centres, home care agencies, and private medical practises.

Social work's scope of practice in PHC settings

The biopsychosocial approach, with a focus on the individual within their environment Philosophy and clinical competence of social work correlate well with those of primary health care, which is especially important given that patients in primary care settings are increasingly faced with complex psychosocial and mental health issues that may be helped by social work treatments. Social workers provide assistance to a variety of patient populations and services in areas such as mental health conditions and addictions, chronic disease, illnesses affecting children and youth, illnesses affecting the elderly, bereavement, traumatic experiences, parenting issues, palliative care, dementia and other neurological issues, financial stressors, housing issues, and a wide range of other general psychosocial concerns. The provision of psychosocial assessments and interventions, the completion of comprehensive risk assessments, the provision of psychotherapy as well as other types of counselling, the making of referrals to community resources, the supporting of medical provider interventions, the conducting of health promotion activities, the engaging in of systems navigation and care coordination, the provision of ongoing case management, and the improvement of relationships between the patients and the medical providers are all examples of the patient care activities provided by social workers in PHC settings". It is uncertain how long visits with social workers in primary health care settings often last, but patients can expect their sessions to be shorter than those in other types of mental health specialised care settings. There are many different approaches that may be used when it comes to providing social work services in primary healthcare settings. For instance, patient treatment may take place in the office through direct face-to-face sessions for the patient, the patient's partner, or the patient's family. When providing primary health care, social workers may make house calls to patients who are unable to leave their homes. This may be done in the context of palliative care, end-of-life care, or any number of other complicated biological and psychological scenarios. Group services are an alternative form of treatment in which social workers in primary health care settings may lead a variety of psychoeducational or therapeutic group interventions in order to meet the needs of their patients. There is also a role for indirect interventions, which are employed in situations when there is less of a requirement for face-to-face interaction, such as when completing



referrals or other sorts of work. In the context of primary health care, social workers may also lead a variety of activities that are not directly related to patient care. These activities include community development and outreach, certain health promotion activities, education and training, supervision, and the assumption of a variety of formal and informal leadership roles.

Review of literature

(Auslander 2001) studied *Social Work in Health Care: What Have We Achieved?* discovered this and It was one of the first domains of professional practise to be created, and it continues to be one of the biggest sectors of the social work profession in the majority of industrialised nations. “In contrast to the majority of other areas of professional activity, social workers at the health sector often find employment in host institutions such as hospitals and clinics. The practise of health social workers is impacted not only by the health social workers' own professional knowledge, abilities, and values but also by the values, aims, and organisational structures of the settings in which they operate. In addition, since they are an integral component of broader social service and health care systems, social workers are also influenced by shifts in national and local economics, shifts in political power and ideology, and advances in technology in the wider environment.

(Allen and Spitzer 2016) studied *Practice-Based Research in Healthcare Social Work* discovered this and In two different ways, research contributes to the advancement of social work practise. When we employ empirical research to assist choose and assess therapeutic therapies and methods or to learn more about an illness, its causes, and its prognosis, we get a number of benefits. The first of these benefits is that we are able to learn more about the condition. The term *evidence-based practise* refers to the line of inquiry that starts when we go to academic research that has been published to answer questions about the kind of therapy that has been shown to be most successful with a certain patient demographic or condition. We find relevant research on the issue, do an in-depth analysis of it, determine whether or not it is applicable to our circumstances, and then, after incorporating the findings into our work or programme, we evaluate the success of the intervention. The term *best practise standards* refers to documented protocols or procedures that must be carried out when certain conditions are met. These guidelines are founded on research results that attest to their usefulness.

(Profile 2017) studied *Medical Social Work: Connotation, Challenges and Prospects* discovered that that Social work as a specialised career, founded in scientific knowledge and abilities, is more oriented towards problem resolution process rather than charity centred approach. [Citation needed] Medical social work is a primary method that deals with the bio-



psychosocial-spiritual aspects of an individual who has a problem. It also evaluates the adaptability and resilience of the patients, as well as the social support systems and families of the patients, in order to assist the patients in independently resolving their problems. A medical social worker (MSW), who may also be referred to as a case worker or a care worker, is required to take on a significant role in the recovery and rehabilitation of an individual. explores the duties that are performed and the obligations that are fulfilled by the Medical Social Workers around the globe, with a particular focus on Pakistan. In addition, the limitations on capacity and difficulties experienced by MSWs in hospitals have been brought to light, and some policy implications have been proposed in order to improve the capabilities of Medical Social Workers in order to provide patients with services that are more appropriate to their needs.

(Tadic et al. 2020) studied The Role of Social Workers in Interprofessional Primary Healthcare Teams found that both the United States and Canada have universal healthcare systems that cover the majority of healthcare costs, such as costs for physicians, hospital care, and tests; however, the public insurance system in both countries does not cover services provided by the majority of non-physician healthcare professionals. This absence of insurance for services given by non-physician healthcare providers is particularly problematic for people who have mental healthcare concerns (which affect 17 percent of the population in Canada), as the prices for which are sometimes exorbitant to those who do not have private insurance. Patients who are battling mental diseases may see improvements in treatment quality, care coordination, and outcomes if access to mental health services in primary healthcare (PHC) settings is improved. In addition to these benefits, the prevention and treatment of chronic illnesses are also improved with team-based care, and costs are reduced as a result.

Conclusion

According to the findings of the study, medical social work is important in the process of treating patients and successful in finding solutions to psychological issues. As a result, the researchers advocate including social work services into the medical care that patients get. The field of social work is a professional subfield of the social sciences that focuses on the treatment and resolution of psychosocial issues affecting people, organisations, and communities in a methodical and organised manner. Social Diagnosis, written by Mary Richmond, was the first book in the field of social case work. In the 1890s, medical social workers (MSWs) were founded and began working as volunteer greeters in hospitals. In the field of health care, social work was subdivided into two categories: medical and psychiatric. In primary health care



settings, social workers provide a variety of patient care services, including psychosocial assessments and interventions, the completion of risk assessments, the provision of psychotherapy, the making of referrals, the support of medical provider interventions, the conduct of health promotion activities, the engagement in systems navigation and care coordination, the provision of ongoing case management”, the improvement of relationships between the patient and the primary care provider, assistance in the formation of teams, and assistance with administrative tasks.

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